

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10/25/29

FILING DATE

3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11		10		10			61								
12		10		10			62								
13		10		10			63								
14		1		1			64								
15		1		1			65								
16		1		1			66								
17		9		9			67								
18		2		2			68								
19		2		2			69								
20		2		2			70								
21	1		1				71								
22		1		1			72								
23		1		1			73								
24		1		1			74								
25		1		1			75								
26		4		4			76								
27		4		4			77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2		2				TOTAL IND.								
TOTAL DEP.	69		69				TOTAL DEP.								
TOTAL CLAIMS	71		71				TOTAL CLAIMS								